STATE OF TENNESSEE

TENNESSEE DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS NOTIFICATION OF ORDER OF PARENTAGE AND APPLICATION FOR A NEW BIRTH CERTIFICATE TENNESSEE CODE ANNOTATED § 36-2-113 AND 68-3-310

Name of Court:	County:
Date:Sta	ate:
Docket Number:	Date of Decree:
SECTION I INFORMATION C	ONCERNING CHILD
Name of Child Prior to Court Order:	Social Security Number:
Date of Birth: Place of Birth:	Sex:
	NEW CERTIFICATE OF BIRTH
Name of Child: As Determined by Court (FIRST)	(MIDDLE) (LAST)
FATHER OF CHILD	MOTHER OF CHILD
Full Name:	Full Legal Name:
Date of Birth:	Full Maiden Name:
Birthplace: (STATE OR FOREIGN COUNTRY)	Date of Birth:
Residential Address:	
(CITY) (STATE) (ZIP CODE) Mailing Address (if different):	(CITY) (COUNTY) (STATE) (ZIP CODE) Mailing Address (if different):
Home Telephone Number:()	Home Telephone Number: ()
Social Security Number:	Social Security Number:
Driver's License Number:	Driver's License Number:
Employer:	- Employer:
Employer's Address:	Employer's Address:
Employer's Telephone Number:()	
Health Insurance:	
Policy Number:	
INSTRUCTIONS	Policy Number:

- 1. A new certificate of birth will be prepared in accordance with the law upon the completion and submission of this form and a certified copy of the court's order of parentage.
- 2. Enclose the \$27.00 fee required for preparation and issuance of a new birth certificate. Make check payable to Tennessee Vital Records.
- 3. Mail to:

TENNESSEE VITAL RECORDS
421 5TH AVENUE NORTH
1ST FLOOR, CENTRAL SERVICES BLDG
NASHVILLE, TN 37247-0450

